

Agency Reference Guide

Classification Actions

ARIZONA DEPARTMENT OF ADMINISTRATION
HUMAN RESOURCES DIVISION
CLASSIFICATION AND COMPENSATION SECTION

WEB SITE: www.hr.state.az.us/classcomp

JUNE 2001

TABLE OF CONTENTS

	<u>Page</u>
Introduction	3
Documentation Overview.....	4
SF-302, Classification Action Request	
SF-302-Continuation Sheet	
Justification Statement	
SF-306, Funding Statement	
Position Description Questionnaire (PDQ)	
Organization Charts	
Types of Classification Actions	
Classification Action Request Desk Aid	6
General Guidelines	7
Abolish Vacant Position.....	10
Establish New Position.....	13
Review Existing Position	16
Advisory, Request & Implementation.....	19
Other Action	
Extend Expiration Date.....	24
Funding Program Change.....	27
Locator Change	30
Position Status Change	33
Update Position Description Questionnaire (PDQ) Only.....	36
Position Description Questionnaire (PDQ) Instructions	37
Organization Chart Guidelines	43
Reorganizations.....	45
Reclassification versus Abolish/Create Actions	46
Determining the Cost of a Classification Action and Effects of Actions on Employees	47
Requests for Second-Level Review of Classification Actions.....	48
Classification of Uncovered Positions	49
 Appendix	
AHRMS Offices	A-2
Forms for Classification Actions	A-3
SF-302, Classification Action Request.....	A-4
SF-302, Classification Action Request Continuation Sheet.....	A-5
Organization Charts (Samples).....	A-6
Position Description Questionnaire (PDQ)	A-8
Classification Reference Items.....	A-13
Action Verbs, List of	A-14
Codes	
County	A-15
Occupational and Supervisory	A-16
Position Number.....	A-17
ARS§41-771 (Exemptions to Uncover Positions from State Service)	A-18
Samples.....	A-19
Classification Listing, Alpha (Title) List.....	A-20
Classification Specification	A-21

INTRODUCTION

The Arizona Department of Administration (ADOA) is responsible for position classification, as provided by ADOA Personnel Rules, part of the Arizona Administrative Code, Title 2, Chapter 5, Article 3. This responsibility includes maintaining an equitable classification system throughout State Service (commonly referred to as covered service). ADOA is also responsible for classification of positions not covered by the Personnel Rules (commonly referred to as uncovered positions).

Agency human resources/personnel management services (AHRMS) offices facilitate classification action requests from their agency management. All actions must be submitted through your agency's human resources office/representative.

The procedural guidelines in this packet are designed to assist those responsible for initiating classification actions by completing and/or forwarding a classification action (SF-302). Any questions concerning classification actions should **first** be directed to your AHRMS office. That office can advise you on agency-specific internal procedures and requirements not addressed in these guidelines.

JOB CLASSIFICATIONS AND CLASS SPECIFICATIONS

Each covered job classification has an official class title, a five-digit class code, a pay grade, and a FLSA (overtime) designation.¹ (See Page 9 for more FLSA information.)

When a job classification is established, a description of the general duties and responsibilities and other factors, such as minimum required levels of knowledge, skills, and abilities, are outlined in class specifications². These specifications serve as a valuable tool in determining which job classification most aptly fits a particular position and for recruitment purposes.

When a classification action is submitted to the ADOA Human Resources Division Classification & Compensation Section (ADOA Class/Comp), the position is allocated to the most appropriate job classification based on the position's duties and responsibilities.³

Web Site Access: Classification specifications⁴ are available on the ADOA Human Resources web site, **www.hr.state.az.us**. Click on the "Class Comp" button. You may search by classification code number, job title, pay grade, or any combination thereof.

¹ In those cases where all positions in a classification are not either nonexempt (N) or exempt (E), the FLSA designation is variable (V). FLSA status is determined for each position.

² An example of a classification specification is provided in the Appendix, Page A-21.

³ **Important:** The official classification title, not a working title, must be used on all human resources- and budget- related documents.

⁴ Class specifications are available for merit system classes only. There are no specifications available for class codes beginning with a zero (0 – those not covered by the merit system).

DOCUMENTATION OVERVIEW

Classification action documentation includes various forms and information justifying the requested action. Documentation forwarded to ADOA Class/Comp is commonly referred to as a SF-302 packet.

SF-302, Classification Action Request (Revised 9/91)

This form must accompany all classification requests. It provides information regarding the position, identifies the action, and requires the signature of the agency head or authorized representative. (See sample in the Appendix, Page A-4.)

SF-302, Classification Action Request - Continuation Sheet (Revised 7/93)

This form is used when five or more positions in sequential numerical order (such as 1000 - 1010) are being submitted for the same action and are exactly the same in both the current status and the proposed change, i.e.

- Same division, section, and unit code
- Same official class title, code, and grade
- Same county code
- Same funding program

See "General Guidelines" on Page 7 for the proper use and completion of this form and sample in Appendix, Page A-5.

Justification Statement

Part D of the SF-302 form is provided for a statement of the reason for the requested action. If more room is needed, Part B of the Position Description Questionnaire and/or a separate memo or letter may be used to provide background information. By providing details on the agency's reason for the request, you can help ensure that the classification analyst addresses all your concerns.

SF-306, Funding Statement (5/95)

The SF-306 is an ADOA form used by agencies as an internal mechanism to document budgetary detail regarding positions. While agency management and budget offices **may** require this document with each classification request, it is not necessary to forward the form to ADOA Class/Comp. Agency management certifies funds are available in Section H of the SF-302 form. The SF-306 provides the backup detail to this certification.

DOCUMENTATION OVERVIEW (CONTINUED)

Position Description Questionnaire (PDQ) (6/01)

Purpose and Importance: The PDQ explains why the position exists, what it does to help the agency reach its goals, and how it does the assigned work including authority levels. Because the PDQ forms the basis for many personnel-related actions, it is important that it be current. Any substantial changes in position duties should be noted and forwarded to ADOA for review. The PDQ on file at ADOA is the official PDQ. (See blank sample PDQ in Appendix, Page A-8.)

The PDQ sets the baseline for the following personnel actions/processes:

Classification: The PDQ is used to determine the classification which includes the minimum required knowledge, skills, and abilities (KSAs) to acceptably perform the duties of the position.

Fair Labor Standards Action (FLSA) Designation: The FLSA (overtime) designation of a position is based on information in the PDQ.

Recruitment: The PDQ generally is used to develop the announcement, advertisement and any selective requirements for the position. Recruitment may be delayed if the PDQ for the position is not up-to-date. If the duties of a position have changed substantially, the PDQ must be submitted for review before recruitment can be conducted.

Qualifying Applicants: The assigned KSAs and/or minimum requirements are used to determine which applicants are referred to the hiring supervisor.

Interviews: During the interview process, the PDQ may be used as the basis for informing the interviewees about the position, describing the essential functions of the position, and/or developing interview questions.

Essential Functions: Under the Americans with Disabilities Act (ADA), the duties outlined in the PDQ must be consistent with those outlined as essential functions of the position during the interview.

Performance Evaluations: Well-written major responsibility statements provide a sound basis for setting performance standards. The employee is made aware of minimum acceptable performance levels. The standards can also identify performance levels up to superior.

Organization Charts

Organization charts provide a picture of the agency's structure. They portray who works for whom and who is responsible for what within the organization. For guidelines on information to include in organization charts, turn to Page 43. (See samples in Appendix, Pages A-6 to A-7.)

TYPES OF CLASSIFICATION ACTIONS

CLASSIFICATION ACTION REQUEST DESK AID

Type	Definition	Required Paperwork	Sign-off Authority
Abolish Vacant Position (Page 10)	Position no longer needed or temporary/limited position has expired.	SF-302	AHRMS Manager
Establish New Position (Page 13)	Creates a new position.	SF-302 PDQ Organization Chart(s)	ADOA Class/Comp
Review Existing Position (Page 16)	Review requested because of changes in job duties of existing position.	SF-302 PDQ Organization Charts	ADOA Class/Comp
Advisory Request	Requested review of position with no immediate action.	SF-302 PDQ Organization Chart(s)	ADOA Class/Comp
& Implement (Page 19)	Request advisory review be implemented.	SF-302 Copy of Audit Report	ADOA Class/Comp
Other Action (Page 24)	Any other action, i.e.,		
	• Extend Expiration Date	SF-302	ADOA Class/Comp
(Page 27)	• Funding Program Change	SF-302	AHRMS Manager
(Page 30)	• Locator Change	SF-302	AHRMS Manager
(Page 33)	• Position Status Change (to part-time, to full-time, to limited, to permanent)	SF-302	ADOA Class/Comp
Update PDQ Only (Page 36)	Changed duties remain within the position's current classification	PDQ Organization Chart(s)	ADOA Class/Comp
Notes:	Audit Report = Report written by Classification/Compensation Analyst about a position they reviewed. Organization Chart = Agency organization chart including, at a minimum, the subject position, its co-workers, its supervisor, and its subordinates (if applicable). PDQ = Position Description Questionnaire SF-302 = Classification Action Request		

TYPES OF CLASSIFICATION ACTIONS GENERAL GUIDELINES

The following pages include step-by-step instructions to complete Part I of the SF-302 form for each type of action outlined on Page 6. The instructions include the following:

- Considerations
- Authority to Complete the Action
- Required Document(s)
- Optional Document(s)
- How To Complete Part I of the SF-302
 - **Use the sample SF-302 in the Appendix, Page A-4, to help with the instructions.**
- Procedure

IMPORTANT POINTS TO REMEMBER

Classification action request packets **must** be processed through your AHRMS Office.

ADOA Class/Comp forwards completed action documentation to your AHRMS Office.

The ADOA analyst will complete Part II of the SF-302. Generally, the comment section will contain basic information on the decision. When an audit report is written for the action, Part II will refer to the attached report. (The appendix includes occupational category and supervisory code definitions that are used in Part II. See Appendix, Page A-16.)

ADOA Class/Comp evaluates positions, not employees. **Agencies are responsible for employee actions.** If a position being submitted for classification action is filled, it is important to consider the possible effects on the incumbent when the classification action is implemented. If necessary, your AHRMS office can help develop a plan of action.

PROPER USE OF THE SF-302 CONTINUATION SHEET:

You may use the continuation sheet (sample on Page A-5 of the Appendix) in conjunction with the SF-302 when five or more positions are being submitted for the same action, such as establishment.

- ◆ To use the SF-302 Continuation Sheet, all positions must be exactly the same, i.e.
 - Same division, section, and unit code
 - Same official class code, occupational category, and grade
 - Same county
 - Same funding program

TYPES OF CLASSIFICATION ACTIONS GENERAL GUIDELINES - CONTINUED

- ◆ On the SF-302 form, in the area above position number, write, "See Attached Continuation Sheet" and do not write in a position number. Complete the balance of the form in the normal fashion.
- ◆ Complete the two top rows of the SF-302 Continuation sheet. Leave "Position No." blank. Write/type all the position numbers in ascending numerical order, starting with box 1.
- ◆ Additional Instructions:
 - When used for **abolishments**.
 - Only the completed SF-302 and SF-302 Continuation Sheet need to be provided.
 - When used for **establishment** of positions **or review** of existing positions.
 - Copies of the PDQ (and organization chart and other supporting documentation, i.e., memos) must be provided for each position, e.g., if 10 positions are involved, 10 copies of the PDQ (and organization chart and other supporting documentation) **must** be provided.
 - When used for **other actions: locator or funding program change, etc.**
 - Only the completed SF-302 and SF-302 Continuation Sheet need to be provided. (Note: your agency may require other internal documentation.)
 - Must include the same location, funding activity, or budget code changes.

UNCOVERED (NON-COVERED) POSITIONS PURSUANT TO ARS §41-771:

If establishing an uncovered position (one not covered by the Personnel Rules), you must note in Section D of the SF-302 and/or in an accompanying memorandum/letter the reason the agency wants to establish the position as uncovered.

For example, "Establish pursuant to ARS §41-771.B.2. Position has a confidential relationship with position AQQ0100AHO."

If uncovering a covered position, you must note in Section D of the SF-302 and/or in an accompanying memorandum/letter the reason the agency is requesting that the position be uncovered.

For example, "Uncover pursuant to ARS §41-771.B.2. Position has a confidential relationship with position AQQ0100AHO."⁵

If the position being uncovered is occupied, the incumbent has certain rights. Contact your AHRMS Office for help in this area.

For more information, see the section, "Classification of Uncovered Positions", Page 49, and the Appendix Page A-18 for a copy of ARS §41-771.

⁵ Positions uncovered pursuant to ARS§41-771.B.2 must maintain a confidential relationship with an uncovered position.

TYPES OF CLASSIFICATION ACTIONS GENERAL GUIDELINES - CONTINUED

FAIR LABOR STANDARDS ACT (FLSA) DESIGNATIONS:

Administered by the U. S. Department of Labor, the Fair Labor Standards Act contains overtime provisions for employees. The Act also defines employee exemption from these overtime provisions. These definitions are based upon the responsibilities and duties of an employee's position and the employee's salary. Each position is reviewed against the requirements of this Act to determine the position's FLSA designation.

Also, the State of Arizona defines its overtime pay and compensatory leave policy in Personnel Rule R2-5-305. Arizona state government uses the last letter of each position number⁶ to designate the position's FLSA designation.

Covered Service Positions: Covered service employees fit one of three categories due to the combined effect of the federal designations (non-exempt and exempt from FLSA) and the state's overtime policy, i.e.:

- N** = Non-exempt from FLSA (Eligible for 1½ times overtime pay or compensatory leave.)
- E** = Exempt from FLSA (Eligible for one hour compensatory leave for each overtime hour worked.)
- O** = Exempt from FLSA (Excluded from either overtime pay or compensatory leave.)

Uncovered Positions: Uncovered employees (exempted from state service pursuant to ARS §41-771) fit one of two categories due to the combined effect of federal designations (non-exempt and exempt from FLSA) and the state's overtime policy, i.e.:

- N** = Non-exempt from FLSA (Eligible for 1½ times overtime pay or compensatory leave.)
- O** = Exempt from FLSA (Excluded from either overtime pay or compensatory leave.)

It is important to note that exemption from state service (uncovered) pursuant to ARS §41-771 has no bearing on the FLSA designation of the position. The FLSA designation is determined by the position's responsibilities and duties and the salary.

⁶ See Page A-17 for information on the meaning of each digit of the ten-digit position numbers used by the state.

TYPES OF CLASSIFICATION ACTIONS ABOLISH VACANT POSITION

To abolish an unneeded position or an expired temporary/limited position.

Considerations:

Ensure position is vacant.
If position is filled, see your AHRMS Office.
Please review section on Abolish/Create, Page 46.

Authority to Complete the Action:

AHRMS Manager.

Required Document(s):

SF-302, Classification Action Request to abolish position.

Optional Document(s):

Justification Statement

How To Complete Part I of the SF-302 (Completed sample, Page 12.):

Lettering system used below is shown in the sample SF-302 in Appendix, Page A-4.

Part A:

- A1: Position number to be abolished.
- A2: Official class title of position to be abolished.
- A3: 5-digit class code of position to be abolished.
- A4: (Optional) Occupational Category.
- A5: Grade of position to be abolished.
- A6: Agency name, contact person, and contact person's phone number.
- A7: Division budget code level 3.
- A8: Section budget code level 4, if used by agency.
- A9: Unit budget code level 5, if used by agency.

Part B:

- B1: Mark Box 1, Abolish Vacant Position.
- B2: Not applicable.
- B3: Not applicable.

Part C: Not applicable.

Part D:

Complete appropriately, e.g., 'vacant position no longer needed' or 'vacated expired limited/temporary position'.

ABOLISH VACANT POSITION (CONTINUED)

Part E: Not applicable.

Part F:

- F1: Work site location of position to be abolished - city.
- F2: Work site location of position to be abolished - county code. (See listing on Page A-15 of the Appendix.)

Part G:

(Optional) For funding program(s) and percentage(s) of position to be abolished.

Part H:

- H1: Agency representative marks appropriate box (recommendation).
- H2: Agency representative marks appropriate box (funding availability).
- H3: For signature of authorized agency representative.
- H4: Title of authorized agency representative.
- H5: Date of signature of authorized agency representative.

Procedure:

To process, submit the SF-302 and any additional documentation to your AHRMS Office through your agency's chain of command.

AHRMS Office

Sign off and abolish position. Distribute forms.

SAMPLE SF-302 - ABOLISH VACANT POSITION

STATE PERSONNEL DIVISION
ARIZONA DEPARTMENT OF ADMINISTRATION
CLASSIFICATION ACTION REQUEST

I. TO BE COMPLETED BY AGENCY

A. Position No. A00011301AAN	Present Class Title Admv Assistant I	Class Code 73121	Occupational Category: -	Grade 13
Agency Name/Contact Name & Phone No. Any Agency, I am contact 2-0000		Div. Code (L 3) 110010	Section Code (L 4) 110110	Unit Code (L 5) 110110
B. Nature of Classification Action Requested <input checked="" type="checkbox"/> 1. Abolish Vacant Position <input type="checkbox"/> 2. Establish New Position - Attach PDQ and Organization Chart. Pos. Phone #: <input type="checkbox"/> 3. Review Existing Position - Attach PDQ, Explanation of Change, and Organization Chart <input type="checkbox"/> 4. Do Not Use - For PD Use Only <input type="checkbox"/> 5. Other Action; such as extension of Limited Position or location change. Specify:				
C. Agency Recommendation-Class Title			Class Code	Grade
D. Reason for Action Requested Vacant position no longer needed				
E. Dates of Position if Type of Position is other than Permanent or Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Limited → From Date: Expiration Date:		F. Location: City or Town Code (Required) County Code (Required) Phx - G		

% TIME AUTHORIZED
Enter No. of Hours per Pay Period -
Div. by 80 = % of Time Authorized:

G. Funding Program
Funding %: ☒ State **100** % ☐ Federal % ☐ 90/10 ☐ Other %

H. ☒ I DO ☐ DO NOT recommend this classification action; and ☒ I DO ☐ DO NOT certify that funds are available to finance increased costs for this and the subsequent fiscal year without additional legislative appropriation and that ARS Section 35-174, commonly known as the "Vacancy Savings" law, will not be violated.

I am Authorized **Manager, Admv Services** **1/11/01**
 Signature of Agency Head or Authorized Representative Title Date

II. TO BE COMPLETED BY PERSONNEL DIVISION

Action Taken by Personnel Division: <input type="checkbox"/> 1. Abolished <input type="checkbox"/> 2. Established <input type="checkbox"/> 3. Reclassed <input type="checkbox"/> 4. No Change <input type="checkbox"/> 5. Other (Specify in Comments) <input type="checkbox"/> 6. Return to Agcy-No Action							
Position Allocated To (Enter if "Established" or "Reclassified" Checked Above)						New Position Number	
Class Title:							
Class Code	Occup. Category	Normal Salary Spec.	Grade	Status (Circle)	1-Vacant 2-Filled	3-Inactive 4-Abolished	Supv. Code
COMMENTS:							AUDIT: <input type="checkbox"/> Telephone (T) <input type="checkbox"/> On Site (P) Contact & Date of Audit

FOR PD USE ONLY

Date In
Analyst
Date Out
PMR
FLSA Status

Signature of Personnel Division Analyst Date of Action Supva. Initials and Date

SF-302 (Revised 9-91) COPIES: 1. WHITE-AGENCY FILE 2. CANARY-PDQ FILE 3. PINK-OSPB 4. GOLDENROD-JLBC

TYPES OF CLASSIFICATION ACTIONS ESTABLISH NEW POSITION

To create a new position.

Considerations:

If applicable, please review section on Abolish/Create, Page 46.

For more information regarding uncovered positions, please refer to Page 49.

Authority to Complete the Action:

ADOA Class/Comp

Required Document(s):

SF-302, Classification Action Request to establish a position.

Position Description Questionnaire (PDQ)

Justification Statement

Organization Chart

How To Complete Part I of the SF-302 (Completed Sample, Page 15):

Lettering system used below is shown in the sample SF-302 in Appendix, Page A-4.

Part A:

A1: Position number to be established (The agency assigns the number; generally through the agency human resources or budget office.)

A2: Not applicable – leave blank.

A3: Not applicable – leave blank.

A4: Not applicable – leave blank.

A5: Not applicable – leave blank.

A6: Agency name, contact person, and contact person's phone number.

A7: Division budget code level 3.

A8: Section budget code level 4, if used by agency.

A9: Unit budget code level 5, if used by agency.

Part B:

B1: Mark Box 2, Establish New Position.

B2: Number of hours scheduled to work per pay period: 20, 40, 60 or 80.

Percent Time Authorized: Divide number of hours worked by 80: 25%, 50%, 75%, or 100% (Example: 40 hours worked per pay period ÷ 80 = 50% Time Authorized)

B3: Mandatory Training (MT) Code:

E = Executive; M = Manager; S = Supervisor; N/A = Not Applicable

Part C:

C1: Recommended/requested official classification title.

C2: Recommended/requested official class code.

C3: Recommended/requested grade.

ESTABLISH NEW POSITION (CONTINUED)

Part D:

Complete as appropriate, e.g., 'Establish new position; FY02 appropriation.'
Additional information may be included in Part B of the PDQ or in an attached memo or letter. **Note:** For uncovered position, include applicable exemption, e.g. "Exempt pursuant to ARS §41-771..." (Full list in Appendix, Page A-18.)

Part E:

Complete if position is being established as an uncovered temporary (pursuant to ARS §41-771.B.5) or a covered limited position with an expiration or ending date. Mark the appropriate box and enter the dates of position, as follows:

- Uncovered temporary positions may be established for up to five years. (If the agency chooses to establish the position for less than five years, it may request extensions up to five years from the establish date. See "Extend Expiration Date", Page 24 for additional instructions.)
- Limited (covered) positions may be established for 6 months to 36 months.

Part F:

F1: Work site location of position to be established - city.

F2: Work site location of position to be established - county code. (See listing on Page A-15 of the Appendix.)

Part G:

Funding program(s) and percentage(s) of position to be established; percentages must total 100%.

Part H:

H1: Agency representative marks appropriate box (recommendation).

H2: Agency representative marks appropriate box (funding availability).

H3: For signature of authorized agency representative.

H4: Title of authorized agency representative.

H5: Date of signature of authorized agency representative.

Procedure:

To process, submit the SF-302, Position Description Questionnaire (PDQ), organization chart, and any additional documentation to your AHRMS Office through your agency's chain of command.

AHRMS Office:

Review, staple, and forward entire packet to ADOA Classification/Compensation.

ADOA Class/Comp:

Allocate position as appropriate. Distribute forms.

SAMPLE SF-302 - ESTABLISH NEW POSITION

STATE PERSONNEL DIVISION ARIZONA DEPARTMENT OF ADMINISTRATION CLASSIFICATION ACTION REQUEST									
I. TO BE COMPLETED BY AGENCY									
A. Position No. <u>1000011300AAN</u>		Present Class Title			Class Code		Occupational Category		Grade
Agency Name/Contact Name & Phone No. <u>Any Agency, I am contact 2-0000</u>					Div. Code (L.3) <u>101010</u>		Section Code (L.4) <u>110110</u>		Unit Code (L.5) <u>0111</u>
B. Nature of Classification Action Requested									
<input type="checkbox"/> 1. Abolish Vacant Position <input checked="" type="checkbox"/> 2. Establish New Position - Attach PDQ and Organization Chart. Pos. Phone #: <input type="checkbox"/> 3. Review Existing Position - Attach PDQ, Explanation of Change, and Organization Chart <input checked="" type="checkbox"/> 4. Do Not Use - For PD Use Only <input type="checkbox"/> 5. Other Action; such as extension of Limited Position or location change. Specify:									
<div style="float: right; border: 1px solid black; padding: 2px;"> % TIME AUTHORIZED Enter No. of Hours per Pay Period <u>80</u> Div. by 80 = % of Time Authorized: <u>100</u> </div>									
C. Agency Recommendation-Class Title									
<u>Admv Assistant I</u>							Class Code <u>73121</u>		Grade <u>13</u>
D. Reason for Action Requested									
<u>Reorganization</u>									
E. Dates of Position if Type of Position is other than Permanent or Seasonal									
<input type="checkbox"/> Temporary <input type="checkbox"/> Limited → From Date: _____ Expiration Date: _____									
F. Location: City or Town Code (Required)					County Code (Required)				
<u>Phx</u>					<u>G</u>				
G. Funding Program									
Funding %: <input checked="" type="checkbox"/> State <u>100</u> % <input type="checkbox"/> Federal _____% <input type="checkbox"/> 90/10 <input type="checkbox"/> Other _____%									
H. <input checked="" type="checkbox"/> I DO <input type="checkbox"/> DO NOT recommend this classification action; and <input checked="" type="checkbox"/> I DO <input type="checkbox"/> DO NOT certify that funds are available to finance increased costs for this and the subsequent fiscal year without additional legislative appropriation and that ARS Section 35-174, commonly known as the "Vacancy Savings" law, will not be violated.									
<u>I am Authorized</u> <u>Manager, Admv. Services</u> <u>1/11/01</u> Signature of Agency Head or Authorized Representative Title Date									
II. TO BE COMPLETED BY PERSONNEL DIVISION									
Action Taken by Personnel Division:									
<input type="checkbox"/> 1. Abolished <input type="checkbox"/> 2. Established <input type="checkbox"/> 3. Reclassed <input type="checkbox"/> 4. No Change <input type="checkbox"/> 5. Other (Specify in Comments) <input type="checkbox"/> 6. Return to Agcy-No Action									
Position Allocated To (Enter if "Established" or "Reclassified" Checked Above)									
New Position Number									
Class Title:									
Class Code		Occup. Category		Grade		Status (Circle)		Supv. Code	
						1-Vacant 3-Inactive 2-Filled 4-Abolished			
COMMENTS:									
<div style="float: right; border: 1px solid black; padding: 2px;"> FOR PD USE ONLY Date In Analyst Date Out FMR FLSA Status </div>									
Signature of Personnel Division Analyst					Date of Action		Supv. Initials and Date		

SF-302 (Revised 9-91) COPIES: 1. WHITE-AGENCY FILE 2. CANARY-PDQ FILE 3. PINK-OSPB 4. GOLDENROD-JLBC

TYPES OF CLASSIFICATION ACTIONS REVIEW EXISTING POSITION

To request a review of existing position because of changes in job duties.

Considerations:

- If position is vacant, a review with a requested reclassification may be requested with no restrictions.
- If position is filled, a request for review and reclassification must be supported by an accretion of work duties/responsibilities. Generally reclassification is limited to the current class series or a very closely related class series. If the position has changed substantially or radically, the former position must be abolished and a new position established / created. Please review Page 46, Abolish/Create.
- Budgetary / fiscal constraints.

Authority to Complete the Action:

ADOA Class/Comp

Required Document(s):

SF-302, Classification Action Request to review a position.
Position Description Questionnaire (PDQ)
Justification Statement
Organization Charts (2) – Current and Proposed

How To Complete Part I of the SF-302 (Completed Sample, Page 18):

Lettering system used below is shown in the sample SF-302 in Appendix, Page A-4.

Part A:

- A1: Position number for review/reclassification.
- A2: Official classification title of position to be reviewed – current title.
- A3: 5-digit class code of position to be reviewed – current class code.
- A4: (Optional) Occupational Category.
- A5: Grade of position to be reviewed – current grade.
- A6: Agency name, contact person, and contact person's phone number.
- A7: Division budget code level 3.
- A8: Section budget code level 4, if used by agency.
- A9: Unit budget code level 5, if used by agency.

Part B:

- B1: Mark Box 3, Review Existing Position.
- B2: Number of hours scheduled to work per pay period: 20, 40, 60 or 80.
Percent Time Authorized: Divide number of hours worked by 80: 25%, 50%, 75%, or 100% (Example: 40 hours worked per pay period ÷ 80 = 50% Time Authorized)
- B3: Mandatory Training (MT) Code:
E = Executive; M = Manager; S = Supervisor; N/A = Not Applicable

REVIEW EXISTING POSITION (CONTINUED)

Part C:

- C1: Recommended/requested official classification title.
- C2: Recommended/requested official class code.
- C3: Recommended/requested grade.

Part D:

Complete as appropriate, e.g., 'See explanatory memo.' or 'Added duties per new legislation (attached).' Additional information may be included in Part B of the PDQ or in an attached memo or letter. Note: For uncovered position, include applicable exemption, e.g. "Exempt pursuant to A.R.S.§41-771..." (For full citation listing, refer to Page A-18.)

Part E:

Only complete dates if position is temporary/limited and has an expiration date.

Part F:

- F1: Work site location of position - city.
- F2: Work site location of position - county code. (See listing on Page A-15 of the Appendix.)

Part G:

Funding program(s) and percentage(s) of position; percentages must total 100%.

Part H:

- H1: Agency representative marks appropriate box (recommendation).
- H2: Agency representative marks appropriate box (funding availability).
- H3: For signature of authorized agency representative.
- H4: Title of authorized agency representative.
- H5: Date of signature of authorized agency representative.

Procedure:

To process, submit the SF-302, Position Description Questionnaire (PDQ), and organization charts, and any additional documentation to your AHRMS Office through your agency's chain of command.

AHRMS Office:

Review, staple, and forward entire packet to ADOA Classification/Compensation.

ADOA Class/Comp:

Allocate position as appropriate. Distribute forms.

SAMPLE SF-302 - REVIEW EXISTING POSITION

STATE PERSONNEL DIVISION ARIZONA DEPARTMENT OF ADMINISTRATION CLASSIFICATION ACTION REQUEST																													
I. TO BE COMPLETED BY AGENCY																													
A. Position No. A00001300AAN		Present Class Title Admv Assistant I		Class Code 73121		Occupational Category: -		Grade 13																					
Agency Name/Contact Name & Phone No. Any Agency, I am contact 2-0000				Div. Code (L 3) 1101010		Section Code (L 4) 110110		Unit Code (L 5) 110111																					
B. Nature of Classification Action Requested <input type="checkbox"/> 1. Abolish Vacant Position <input type="checkbox"/> 2. Establish New Position - Attach PDQ and Organization Chart. Pos. Phone #: <input checked="" type="checkbox"/> 3. Review Existing Position - Attach PDQ, Explanation of Change, and Organization Chart <input type="checkbox"/> 4. Do Not Use - For PD Use Only <input type="checkbox"/> 5. Other Action; such as extension of Limited Position or location change. Specify:																													
<div style="float: right; border: 1px solid black; padding: 5px; width: fit-content;"> % TIME AUTHORIZED Enter No. of Hours per Pay Period 80 Div. by 80 = % of Time Authorized: 100 </div>																													
C. Agency Recommendation-Class Title Admv. Assistant II <div style="float: right; text-align: right;"> Class Code 73122 Grade 15 </div>																													
D. Reason for Action Requested Change in responsibilities																													
E. Dates of Position if Type of Position is other than Permanent or Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Limited From Date: Expiration Date:				F. Location: City or Town Code (Required) Phx		County Code (Required) G																							
G. Funding Program Funding %: <input checked="" type="checkbox"/> State 100 % <input type="checkbox"/> Federal % <input type="checkbox"/> 90/10 <input type="checkbox"/> Other %																													
H. <input checked="" type="checkbox"/> I DO <input type="checkbox"/> DO NOT recommend this classification action; and <input checked="" type="checkbox"/> I DO <input type="checkbox"/> DO NOT certify that funds are available to finance increased costs for this and the subsequent fiscal year without additional legislative appropriation and that ARS Section 35-174, commonly known as the "Vacancy Savings" law, will not be violated.																													
Signature of Agency Head or Authorized Representative: I am Authorized Title: Manager, Admv. Services Date: 1/11/01																													
II. TO BE COMPLETED BY PERSONNEL DIVISION																													
Action Taken by Personnel Division: <input type="checkbox"/> 1. Abolished <input type="checkbox"/> 2. Established <input type="checkbox"/> 3. Reclassed <input type="checkbox"/> 4. No Change <input type="checkbox"/> 5. Other (Specify in Comments) <input type="checkbox"/> 6. Return to Agency-No Action																													
Position Allocated To (Enter if "Established" or "Reclassified" Checked Above) Review Position Number																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Class Title:</td> <td>Class Code</td> <td>Occup. Category</td> <td>Normal Salary Spec.</td> <td>Grade</td> <td>Status (Circle)</td> <td>1-Vacant</td> <td>3-Inactive</td> <td>Supv. Code</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2-Filled</td> <td>4-Abolished</td> <td></td> <td></td> </tr> </table>										Class Title:	Class Code	Occup. Category	Normal Salary Spec.	Grade	Status (Circle)	1-Vacant	3-Inactive	Supv. Code								2-Filled	4-Abolished		
Class Title:	Class Code	Occup. Category	Normal Salary Spec.	Grade	Status (Circle)	1-Vacant	3-Inactive	Supv. Code																					
						2-Filled	4-Abolished																						
COMMENTS:								AUDIT: <input type="checkbox"/> Telephone (T) <input type="checkbox"/> On Site (P) Contact & Date of Audit																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="8" rowspan="4"></td> <td colspan="2" style="text-align: center;">FOR PD USE ONLY</td> </tr> <tr> <td colspan="2">Date In</td> </tr> <tr> <td colspan="2">PMR</td> </tr> <tr> <td colspan="2">FLSA Status</td> </tr> </table>																		FOR PD USE ONLY		Date In		PMR		FLSA Status					
								FOR PD USE ONLY																					
								Date In																					
								PMR																					
								FLSA Status																					
Signature of Personnel Division Analyst Date of Action Supv. Initials and Date																													
SF-302 (Revised 9-91) COPIES: 1. WHITE-AGENCY FILE 2. CANARY-PDQ FILE 3. PINK-OSPB 4. GOLDENROD-JLBC																													

TYPES OF CLASSIFICATION ACTIONS ADVISORY, REQUEST & IMPLEMENTATION

Advisory Request: To request review of a position to determine if it is appropriately allocated to its class. Since this is an advisory, no classification action is taken at this time. The agency or the incumbent of a position (employee-initiated) can request an advisory. This allows the agency to review the allocation and decide its course of action regarding the position.

Advisory Implementation: To proceed with implementation of the previously requested advisory review.

Considerations:

Advisory Request :

By the Covered Service (Merit System) Employee:

- Covered service employees have the right to request review of their position's classification allocation. When the agency receives the employee's written request along with a signed PDQ, the agency prepares the SF-302, provides the organization chart, and a written position statement regarding the request. The agency determines if the employee-initiated request will proceed as an advisory or as a review existing position request.
- Employees should make a good faith effort to process their employee-initiated request through their supervisor/management. The supervisor should include written information detailing their agreement or disagreement with the request. Agency human resource offices should help employees needing assistance in this process.

Advisory Implementation:

If the final classification determination is allocation to a higher grade, the agency must determine its course of action. The agency may determine it will restructure the position to keep the job duties within the current classification. If the agency determines the position will continue to function at the higher allocation, the agency must submit a SF-302 recommending implementation and certifying funds are available.

Authority to Complete the Action(s):

Request & Implementation:

ADOA Class/Comp

Required Document(s):

Request:

SF-302, Classification Action Request. (Completed Sample Page 22.)
Current Position Description Questionnaire (PDQ)
Justification Statement(s) - From employee and/or agency.
Current Organization Chart

Implementation:

SF-302, Classification Action Request. (Completed sample Page 23.)
Copy of Classification Analyst's Advisory/Audit Report.

ADVISORY, REQUEST & IMPLEMENTATION (CONTINUED)

How To Complete Part I of the SF-302:

Request Advisory (Sample, Page 22):

Lettering system used below is shown in the sample SF-302 in Appendix, Page A-4.

Part A:

- A1: Position number affected by the advisory.
- A2: Official class title of position affected by the advisory.
- A3: 5-digit class code of position affected by the advisory.
- A4: (Optional) Occupational Category.
- A5: Grade of position affected by the advisory.
- A6: Agency name, contact person, and contact person's phone number.
- A7: Division budget code level 3 of the position.
- A8: Section budget code level 4, if used by agency.
- A9: Unit budget code level 5, if used by agency.

Part B:

- B1: Mark Box 3, Review Existing Position.
- B2: Position's time authorized/pay period.
Number of scheduled work hours/pay period: 20, 40, 60, or 80.
Percent Time Authorized: 25%, 50%, 75%, or 100%. (To determine percentage, divide the number of hours by 80. For example, 40 hours/pay period divided by 80 = 50%.)
- B3: Complete with appropriate mandatory training code for position.
E = Executive; M = Manager; S = Supervisor; N/A = Not Applicable.

Part C:

- C1: Official class title recommended by the agency or employee.
- C2: Official class code for recommended class title.
- C3: Grade for recommended class title and code.

Part D:

Complete appropriately, e.g., 'Employee Initiated - Advisory Only'. Additional information should be included in an attached memo or letter.

Part E:

Complete dates if position is temporary/limited and has an expiration date.

Part F:

- F1: Work site location of position - city.
- F2: Work site location of position - county code. (See listing on Page A-15 of the Appendix.)

Part G:

Mark appropriate funding program(s) and percentage(s) of position.

Part H:

- H1: Agency representative marks appropriate box (recommendation).
- H2: Agency representative marks appropriate box (funding availability).
- H3: For signature of authorized agency representative.
- H4: Title of authorized agency representative.
- H5: Date of signature of authorized agency representative.

ADVISORY, REQUEST & IMPLEMENTATION (CONTINUED)

Implement Advisory (Sample, Page 23):

Parts A, E, F, G, and H: Complete as instructed above.

Part B:

- B1: Mark Box 5, Other Action. Specify "Implement Advisory".
- B2: Same as above.
- B3: Same as above.

Part C:

- C1: Official class title recommended by the classification analyst as noted in the advisory report. (By requesting implementation, the agency is agreeing with and recommending this classification.)
- C2: Official class code for recommended class title.
- C3: Grade for recommended class title and code.

Part D:

Complete appropriately, e.g., 'Implement Advisory'. Additional information may be provided in an attached memo or letter.

Procedure:

Review:

To process, submit the SF-302, Position Description Questionnaire (PDQ), organization chart, and any additional documentation to your AHRMS Office through your agency's chain of command.

AHRMS Office:

Review, staple, and forward entire packet to ADOA Classification/Compensation.

ADOA Class/Comp:

Complete audit report and sign off as advisory only. Distribute forms.

Implement:

Include copy of Classification Analyst's Advisory/Audit Report with SF-302. Submit packet to AHRMS Office through your agency's chain of command for processing.

AHRMS Office:

Review, staple, and forward entire packet to ADOA Classification/Compensation.

ADOA Class/Comp:

Sign off and implement advisory. Distribute forms.

SAMPLE SF-302 - ADVISORY, REQUEST

STATE PERSONNEL DIVISION ARIZONA DEPARTMENT OF ADMINISTRATION CLASSIFICATION ACTION REQUEST I. TO BE COMPLETED BY AGENCY											
A. Position No. ADD 0130AAN		Present Class Title Admv. Assistant I				Class Code 73121		Occupational Category: -		Grade 13	
Agency Name/Contact Name & Phone No. Any Agency I am contact 2-0000						Div. Code (L 3) 1101010		Section Code (L 4) 1101101011		Unit Code (L 5) 110111	
B. Nature of Classification Action Requested <input type="checkbox"/> 1. Abolish Vacant Position <input type="checkbox"/> 2. Establish New Position - Attach PDQ and Organization Chart. Pos. Phone #: <input checked="" type="checkbox"/> 3. Review Existing Position - Attach PDO, Explanation of Change, and Organization Chart <input type="checkbox"/> 4. Do Not Use - For PD Use Only <input type="checkbox"/> 5. Other Action; such as extension of Limited Position or location change. Specify:											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> % TIME AUTHORIZED Enter No. of Hours per Pay Period 80 Div. by 80 = % of Time Authorized 100 </div>											
C. Agency Recommendation-Class Title Admv. Assistant II								Class Code 73122		Grade 15	
D. Reason for Action Requested Employee Initiated - Advisory Only											
E. Dates of Position if Type of Position is other than Permanent or Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Limited From Date: _____ Expiration Date: _____						F. Location: City or Town Code (Required) Tucson			County Code (Required) J		
G. Funding Program Funding %: <input checked="" type="checkbox"/> State 100 % <input type="checkbox"/> Federal _____% <input type="checkbox"/> 90/10 <input type="checkbox"/> Other _____%											
H. <input checked="" type="checkbox"/> I DO <input type="checkbox"/> DO NOT recommend this classification action; and <input type="checkbox"/> I DO <input checked="" type="checkbox"/> DO NOT certify that funds are available to finance increased costs for this and the subsequent fiscal year without additional legislative appropriation and that ARS Section 35-174, commonly known as the "Vacancy Savings" law, will not be violated.											
<div style="display: flex; justify-content: space-between;"> <div> I Am Authorized Signature of Agency Head or Authorized Representative </div> <div> Manager, Admn. Services Title </div> <div> 1/11/01 Date </div> </div>											
II. TO BE COMPLETED BY PERSONNEL DIVISION											
Action Taken by Personnel Division: <input type="checkbox"/> 1. Abolished <input type="checkbox"/> 2. Established <input type="checkbox"/> 3. Reclassed <input type="checkbox"/> 4. No Change <input type="checkbox"/> 5. Other (Specify in Comments) <input type="checkbox"/> 6. Return to Agcy-No Action											
Position Allocated To (Enter if "Established" or "Reclassified" Checked Above)										New Position Number	
Class Code		Occup. Category		Normal Salary Spec.		Grade		Status (Circle)		Supv. Code	
								<input type="checkbox"/> 1-Vacant <input type="checkbox"/> 2-Filled		<input type="checkbox"/> 3-Inactive <input type="checkbox"/> 4-Abolished	
COMMENTS:											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FOR PD USE ONLY Date In Analyst Date Out PMR FLSA Status </div>											
Signature of Personnel Division Analyst						Date of Action			Supvs. Initials and Date		

SAMPLE SF-302 - ADVISORY, IMPLEMENTATION

STATE PERSONNEL DIVISION ARIZONA DEPARTMENT OF ADMINISTRATION CLASSIFICATION ACTION REQUEST									
I. TO BE COMPLETED BY AGENCY									
A. Position No. A 000 13 01 AAN		Present Class Title Adm Assistant I		Class Code 73121		Occupational Category: —		Grade 13	
Agency Name/Contact Name & Phone No. Any Agency, I am contact 2-0000				Div. Code (L 3) 1101010		Section Code (L 4) 1101101		Unit Code (L 5) 110111	
B. Nature of Classification Action Requested									
<input type="checkbox"/> 1. Abolish Vacant Position <input type="checkbox"/> 2. Establish New Position - Attach PDQ and Organization Chart. Pos. Phone #: <input type="checkbox"/> 3. Review Existing Position - Attach PDQ, Explanation of Change, and Organization Chart <input type="checkbox"/> 4. Do Not Use - For PD Use Only <input checked="" type="checkbox"/> 5. Other Action; such as extension of Limited Position or location change. Specify: Implement Advisory MT= N/A									
C. Agency Recommendation-Class Title									
Adm Assistant II						Class Code 73122		Grade 15	
D. Reason for Action Requested									
Implement Advisory									
E. Dates of Position if Type of Position is other than Permanent or Seasonal									
<input type="checkbox"/> Temporary <input type="checkbox"/> Limited <input type="checkbox"/> From Date: _____ Expiration Date: _____									
F. Location: City or Town Code (Required) County Code (Required)									
Phx - G									
G. Funding Program									
Funding %: <input checked="" type="checkbox"/> State 100 % <input type="checkbox"/> Federal % <input type="checkbox"/> 90/10 <input type="checkbox"/> Other %									
H. <input checked="" type="checkbox"/> I DO <input type="checkbox"/> DO NOT recommend this classification action; and <input checked="" type="checkbox"/> I DO <input type="checkbox"/> DO NOT certify that funds are available to finance increased costs for this and the subsequent fiscal year without additional legislative appropriation and that ARS Section 35-174, commonly known as the "Vacancy Savings" law, will not be violated.									
Signature of Agency Head or Authorized Representative: I Am Authorized Title: Manager, Adm. Services Date: 11/1/01									
II. TO BE COMPLETED BY PERSONNEL DIVISION									
Action Taken by Personnel Division:									
<input type="checkbox"/> 1. Abolished <input type="checkbox"/> 2. Established <input type="checkbox"/> 3. Reclassed <input type="checkbox"/> 4. No Change <input type="checkbox"/> 5. Other (Specify in Comments) <input type="checkbox"/> 6. Return to Agency-No Action									
Position Allocated To (Enter if "Established" or "Reclassified" Checked Above)									
Class Title:									
Class Code		Occup. Category		Normal Salary Spec.		Grade		Status (Circle)	
								<input type="checkbox"/> 1-Vacant <input type="checkbox"/> 3-Inactive <input type="checkbox"/> Supv. Code <input type="checkbox"/> 2-Filled <input type="checkbox"/> 4-Abolished	
COMMENTS:									
<div style="float: right; border: 1px solid black; padding: 5px;"> FOR PD USE ONLY Date In Analyst Date Out PMR FLSA Status </div>									
Signature of Personnel Division Analyst				Date of Action		Supv. Initials and Date			
SF-302 (Revised 9-91) COPIES: 1. WHITE-AGENCY FILE 2. CANARY-PDQ FILE 3. PINK-OSPB 4. GOLDENROD-JLBC									

<p style="text-align: center;">TYPES OF CLASSIFICATION ACTIONS OTHER ACTION – EXTEND EXPIRATION DATE</p>
--

To extend the expiration date of a limited position (up to three years from date of establishment) **or** a temporary position (established pursuant to ARS §41-771.B.5 for up to five years from date of establishment).

Considerations:

- Requests to extend the expiration date of a position should be made prior to the position's expiration date.
- Covered service (merit system) positions: Limited positions exist for a maximum of 36 months. If 36 months have elapsed, the position must be abolished. If the agency has a continuing need for a position, the agency will need to establish a new position. (Personnel Rule R2-5-101.29 defines limited appointments.)
- Uncovered positions: Positions established pursuant to ARS §41-771.B.5 may continue up to 5 years. Generally these positions are initially established for up to three years. The agency may request continuation of a position not to exceed five years from the date of the position's establishment. If five years have elapsed, the position must be abolished. If the agency has a continuing need for a position, the agency will need to establish a new position.

Authority to Complete the Action:

ADOA Class/Comp.

Required Document(s):

SF-302, Classification Action Request to extend the expiration date.
Current Position Description Questionnaire (PDQ) and organization chart.

Optional Document(s):

Justification Statement explaining the need to extend expiration date.

How To Complete Part I of the SF-302 (Completed Sample, Page 26):

Lettering system used below is shown in the sample SF-302 in Appendix, Page A-4.

Part A:

- A1: Position number agency desires to extend the expiration date.
- A2: Official class title of position.
- A3: 5-digit class code of position.
- A4: (Optional) Occupational Category.
- A5: Grade of position.
- A6: Agency name, contact person, and contact person's phone number.
- A7: Division budget code level 3 of the position.
- A8: Section budget code level 4, if used by agency.
- A9: Unit budget code level 5, if used by agency.

OTHER ACTION – EXTEND EXPIRATION DATE (CONTINUED)

Part B:

- B1: Mark Box 5, Other Action. Specify “Extend limited/temporary position”.
- B2: Position’s time authorized/pay period.
 - Number of scheduled work hours/pay period: 20, 40, 60, or 80.
 - Percent Time Authorized: 25%, 50%, 75%, or 100%. (To determine percentage, divide the number of hours by 80. For example, 40 hours/pay period divided by 80 = 50%.)
- B3: Mandatory Training (MT) code:
 - E = Executive; M = Manager; S = Supervisor; N/A = Not Applicable.

Part C:

- C1: Agency may mark “N/A” (Not applicable) or enter the official class title.
- C2: Agency may mark “N/A” (Not applicable) or enter the official class code.
- C3: Agency may mark “N/A” (Not applicable) or enter the grade.

Part D:

Complete appropriately, e.g., ‘Extend expiration date’.

Part E:

Check the appropriate box and indicate the requested new expiration date.

Part F:

- F1: Work site location of position - city.
- F2: Work site location of position - county code. (See listing on Page A-15 of the Appendix.)

Part G:

Mark the appropriate funding program(s) and percentage(s) of position.

Part H:

- H1: Agency representative marks appropriate box (recommendation).
- H2: Agency representative marks appropriate box (funding availability).
- H3: For signature of authorized agency representative.
- H4: Title of authorized agency representative.
- H5: Date of signature of authorized agency representative.

Procedure:

To process, submit the SF-302, PDQ, organization chart, and any additional documentation to your AHRMS Office through your agency’s chain of command.

AHRMS Office:

Review, staple, and forward entire packet to ADOA Classification/Compensation.

ADOA Class/Comp:

Analyze information. Implement extension of expiration date. Distribute forms.

SAMPLE SF-302 - 5. OTHER ACTION EXTEND EXPIRATION DATE

STATE PERSONNEL DIVISION ARIZONA DEPARTMENT OF ADMINISTRATION CLASSIFICATION ACTION REQUEST I. TO BE COMPLETED BY AGENCY									
A. Position No. <u>A00001130AN</u>		Present Class Title <u>Admv. Assistant I</u>		Class Code <u>73121</u>		Occupational Category: <u>—</u>		Grade <u>13</u>	
Agency Name/Contact Name & Phone No. <u>Any Agency, I am contact 2-0000</u>				Div. Code (L 3) <u>1101010</u>		Section Code (L 4) <u>11011011011</u>		Unit Code (L 5) <u>11011</u>	
B. Nature of Classification Action Requested									
<input type="checkbox"/> 1. Abolish Vacant Position <input type="checkbox"/> 2. Establish New Position - Attach PDQ and Organization Chart. Pos. Phone #: <input type="checkbox"/> 3. Review Existing Position - Attach PDQ, Explanation of Change, and Organization Chart <input checked="" type="checkbox"/> 4. Do Not Use - For PD Use Only <input checked="" type="checkbox"/> 5. Other Action; such as extension of Limited Position or location change. Specify: <u>Extend temporary position</u>									
C. Agency Recommendation-Class Title <u>N/A</u>									
D. Reason for Action Requested <u>Extend expiration date - project continuation</u>									
E. Dates of Position if Type of Position is other than Permanent or Seasonal <input checked="" type="checkbox"/> Temporary <input type="checkbox"/> Limited <input type="checkbox"/> From Date: <u>2/1/01</u> Expiration Date: <u>2/1/02</u>									
F. Location: City or Town Code (Required) County Code (Required) <u>Tucson</u> <u>J</u>									
G. Funding Program Funding %: <input checked="" type="checkbox"/> State <u>100</u> % <input type="checkbox"/> Federal % <input type="checkbox"/> 90/10 <input type="checkbox"/> Other %									
H. <input checked="" type="checkbox"/> I DO <input type="checkbox"/> DO NOT recommend this classification action; and <input checked="" type="checkbox"/> I DO <input type="checkbox"/> DO NOT certify that funds are available to finance increased costs for this and the subsequent fiscal year without additional legislative appropriation and that ARS Section 35-174, commonly known as the "Vacancy Savings" law, will not be violated.									
Signature of Agency Head or Authorized Representative: <u>Am Authorized</u> Title: <u>Manager, Admv. Services</u> Date: <u>1/11/01</u>									
II. TO BE COMPLETED BY PERSONNEL DIVISION									
Action Taken by Personnel Division: <input type="checkbox"/> 1. Abolished <input type="checkbox"/> 2. Established <input type="checkbox"/> 3. Reclassed <input type="checkbox"/> 4. No Change <input type="checkbox"/> 5. Other (Specify in Comments) <input type="checkbox"/> 6. Return to Agcy-No Action									
Position Allocated To (Enter if "Established" or "Reclassified" Checked Above)									
Class Title: Class Code Occup. Category Normal Salary Spec. Grade Status (Circle) 1-Vacant 3-Inactive Supv. Code 2-Filled 4-Abolished									
COMMENTS:									
AUDIT: <input type="checkbox"/> Telephone (T) <input type="checkbox"/> On Site (F) Contact & Date of Audit									
CLASS CODE:									
signature of Personnel Division Analyst Date of Action Supvs. Initials and Date									
SF-302 (Revised 9-91) COPIES: 1. WHITE-AGENCY FILE 2. CANARY-PDQ FILE 3. PINK-OSPB 4. GOLDENROD-JLBC									

<p style="text-align: center;">TYPES OF CLASSIFICATION ACTIONS OTHER ACTION – FUNDING PROGRAM CHANGE</p>
--

To document changed funding sources for the position.

Considerations:

Does the funding change create a need for a change in position status, e.g., does the loss of federal funding mean a full-time position can only be funded part-time? If so, the agency will need to document the position status change also.

Authority to Complete the Action:

AHRMS Manager.

Required Document(s):

SF-302, Classification Action Request to change funding program.

How To Complete Part I of the SF-302 (Sample, Page 29):

Lettering system used below is shown in the sample SF-302 in Appendix, Page A-4.

Part A:

- A1: Position number affected by the funding program change.
- A2: Official class title of position.
- A3: 5-digit class code of position.
- A4: (Optional) Occupational Category.
- A5: Grade of position.
- A6: Agency name, contact person, and contact person's phone number.
- A7: Division budget code level 3 of the position.
- A8: Section budget code level 4, if used by agency.
- A9: Unit budget code level 5, if used by agency.

Part B:

- B1: Mark Box 5, Other Action. Specify "Funding Program Change".
- B2: Position's time authorized/pay period.
 - Number of scheduled work hours/pay period: 20, 40, 60, or 80.
 - Percent Time Authorized: 25%, 50%, 75%, or 100%. (To determine percentage, divide the number of hours by 80. For example, 40 hours/pay period divided by 80 = 50%.)
- B3: Mandatory Training (MT) Code:
 - E = Executive; M = Manager; S = Supervisor; N/A = Not Applicable.

Part C: Not applicable.

OTHER ACTION – FUNDING PROGRAM CHANGE (CONTINUED)

Part D:

Complete appropriately, e.g., 'Funding Program Change'.

Note: For uncovered position, include applicable exemption, e.g. "Exempt pursuant to A.R.S. § 41-771..." (For full citation listing, refer to Page A-18 of the Appendix.)

Part E:

Only complete dates if position is temporary/limited and has an expiration date.

Part F:

F1: Work site location of position - city.

F2: Work site location of position - county code. (See listing on Page A-15 of the Appendix.)

Part G:

Complete the **NEW** funding program(s) and percentage(s) of position.

Part H:

H1: Agency representative marks appropriate box (recommendation).

H2: Agency representative marks appropriate box (funding availability).

H3: For signature of authorized agency representative.

H4: Title of authorized agency representative.

H5: Date of signature of authorized agency representative.

Procedure:

To process, submit the SF-302 and any additional documentation to your AHRMS Office through your agency's chain of command.

AHRMS Office:

Analyze information. Implement funding program change. Distribute forms.

SAMPLE SF-302 - 5. OTHER ACTION FUNDING PROGRAM CHANGE

STATE PERSONNEL DIVISION ARIZONA DEPARTMENT OF ADMINISTRATION CLASSIFICATION ACTION REQUEST I. TO BE COMPLETED BY AGENCY																				
A. Position No. <u>A0001301AAN</u>		Present Class Title <u>Admv Assistant I</u>		Class Code <u>73121</u>		Occupational Category <u>13</u>		Grade <u>13</u>												
Agency Name/Contact Name & Phone No. <u>Any Agency I am contact 2-0000</u>				Div. Code (L 3) <u>1101010</u>		Section Code (L 4) <u>1101010</u>		Unit Code (L 5) <u>1101010</u>												
B. Nature of Classification Action Requested <input type="checkbox"/> 1. Abolish Vacant Position <input type="checkbox"/> 2. Establish New Position - Attach PDQ and Organization Chart. Pos. Phone #: <input type="checkbox"/> 3. Review Existing Position - Attach PDQ, Explanation of Change, and Organization Chart <input checked="" type="checkbox"/> 4. Do Not Use - For PD Use Only <input checked="" type="checkbox"/> 5. Other Action; such as extension of Limited Position or location change. Specify: <u>Funding Program change</u>																				
C. Agency Recommendation-Class Title <div style="float: right;"> % TIME AUTHORIZED Enter No. of Hours per Pay Period <u>80</u> Div. by 80 = % of Time Authorized: <u>100</u> </div>																				
D. Reason for Action Requested <u>Funding Program Change</u>																				
E. Dates of Position if Type of Position is other than Permanent or Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Limited → From Date: _____ Expiration Date: _____				F. Location: City or Town Code (Required) <u>Phx</u>		County Code (Required) <u>G</u>														
G. Funding Program Funding %: <input type="checkbox"/> State _____ % <input type="checkbox"/> Federal _____ % <input checked="" type="checkbox"/> 90/10 <input type="checkbox"/> Other _____ %																				
H. <input checked="" type="checkbox"/> I DO <input type="checkbox"/> DO NOT recommend this classification action; and <input checked="" type="checkbox"/> I DO <input type="checkbox"/> DO NOT certify that funds are available to finance increased costs for this and the subsequent fiscal year without additional legislative appropriation and that ARS Section 35-174, commonly known as the "Vacancy Savings" law, will not be violated.																				
<u>I am Authorized</u> <u>Manager, Admv Services</u> <u>1/11/01</u> Signature of Agency Head or Authorized Representative Title Date																				
II. TO BE COMPLETED BY PERSONNEL DIVISION																				
Action Taken by Personnel Division: <input type="checkbox"/> 1. Abolished <input type="checkbox"/> 2. Established <input type="checkbox"/> 3. Reclassed <input type="checkbox"/> 4. No Change <input type="checkbox"/> 5. Other (Specify in Comments) <input type="checkbox"/> 6. Return to Agcy-No Action																				
Position Allocated To (Enter if "Established" or "Reclassified" Checked Above)						new Position Number														
Class Title: Class Code		Occup. Category	Normal Salary Spec.	Grade	Status (Circle)	1-Vacant 2-Filled	3-Inactive 4-Abolished	Supr. Code	AUDIT: <input type="checkbox"/> Telephone (T) <input type="checkbox"/> On Site (P) Contact & Date of Audit											
COMMENTS:																				
CLASS CODE:																				
Signature of Personnel Division Analyst																				
Date of Action			Suprs. Initials and Date																	
<table border="1"> <thead> <tr> <th colspan="2">FOR PD USE ONLY</th> </tr> </thead> <tbody> <tr> <td>Date In</td> <td></td> </tr> <tr> <td>Analyst</td> <td></td> </tr> <tr> <td>Date Out</td> <td></td> </tr> <tr> <td>PMR</td> <td></td> </tr> <tr> <td>FLSA Status</td> <td></td> </tr> </tbody> </table>									FOR PD USE ONLY		Date In		Analyst		Date Out		PMR		FLSA Status	
FOR PD USE ONLY																				
Date In																				
Analyst																				
Date Out																				
PMR																				
FLSA Status																				

SF-302 (Revised 9-91) COPIES: 1. WHITE-AGENCY FILE 2. CANARY-PDQ FILE 3. PINK-OSPB 4. GOLDENROD-JLBC

TYPES OF CLASSIFICATION ACTIONS OTHER ACTION – LOCATOR CHANGE

To document the position's transfer within the agency.

Considerations:

If the location change includes a substantial change in duties, the agency needs to forward a complete packet to ADOA Class/Comp for review or to update the PDQ as well as document the locator change.

Authority to Complete the Action:

AHRMS Manager.

Required Document(s):

SF-302, Classification Action Request for locator change.

Optional Document(s):

The agency may require an organization chart.
The agency may require a PDQ.
The agency may require a funding statement indicating the change in location.
The agency may require a justification statement explaining the position's transfer.

How To Complete Part I of the SF-302 (Completed Sample, Page 32):

Lettering system used below is shown in the sample SF-302 in Appendix, Page A-4.

Part A:

- A1: Position number of the transferred position.
- A2: Official class title of position.
- A3: 5-digit class code of position.
- A4: (Optional) Occupational Category.
- A5: Grade of position.
- A6: Agency name, contact person, and contact person's phone number.
- A7: Division budget code level 3 of the position. (the **NEW** code)
- A8: Section budget code level 4, if used by agency. (the **NEW** code)
- A9: Unit budget code level 5, if used by agency. (the **NEW** code)

Part B:

- B1: Mark Box 5, Other Action. Specify "Locator Change Only".
- B2: Position's time authorized/pay period.
 - Number of scheduled work hours/pay period: 20, 40, 60, or 80.
 - Percent Time Authorized: 25%, 50%, 75%, or 100%. (To determine percentage, divide the number of hours by 80. For example, 40 hours/pay period divided by 80 = 50%.)

OTHER ACTION – LOCATOR CHANGE (CONTINUED)

B3: Mandatory Training (MT) Code:

E = Executive; M = Manager; S = Supervisor; N/A = Not Applicable.

Part C: Not applicable.

Part D:

Complete appropriately, e.g., 'Position transferred from ABC to XYZ section'.

This area could be used to specify the position's former division, section, and unit budget code.

Note: For uncovered position, include applicable exemption, e.g. "Exempt pursuant to A.R.S. § 41-771..." (For full citation listing, refer to Page A-18 in the Appendix.)

Part E:

Only complete dates if position is temporary/limited and has an expiration date.

Part F:

F1: Work site location of position - city.

F2: Work site location of position - county code. (See listing on Page A-15 of the Appendix.)

Part G:

Complete the funding program(s) and percentage(s) of position.

Part H:

H1: Agency representative marks appropriate box (recommendation).

H2: Agency representative marks appropriate box (funding availability).

H3: For signature of authorized agency representative.

H4: Title of authorized agency representative.

H5: Date of signature of authorized agency representative.

Procedure:

To process, submit the SF-302 and any additional documentation to your AHRMS Office through your agency's chain of command.

AHRMS Office:

Analyze information. Implement locator change. Distribute forms.

[illegible]

<p style="text-align: center;">TYPES OF CLASSIFICATION ACTIONS OTHER ACTION – POSITION STATUS CHANGE</p>
--

To document the position's change in status, e.g. to part-time, to full-time, to limited, to permanent.

Considerations:

Generally, position status changes do not include a substantial change in duties. If it does, the agency needs to forward a complete packet ADOA Class/Comp for review or to update the PDQ as well as document the position status change.

Authority to Complete the Action:

ADOA Class/Comp

Required Document(s):

SF-302, Classification Action Request to request position status change.

Optional Document(s):

The agency may require further documentation.

How To Complete Part I of the SF-302 (Completed Sample, Page 35):

Lettering system used below is shown in the sample SF-302 in Appendix, Page A-4.

Part A:

- A1: Position number of the position affected by the status change.
- A2: Official class title of position.
- A3: 5-digit class code of position.
- A4: (Optional) Occupational Category.
- A5: Grade of position.
- A6: Agency name, contact person, and contact person's phone number.
- A7: Division budget code level 3 of the position.
- A8: Section budget code level 4, if used by agency.
- A9: Unit budget code level 5, if used by agency.

Part B:

- B1: Mark Box 5, Other Action. Specify "Position Status Change".
- B2: Position's time authorized/pay period. (the new time authorized)
Number of scheduled work hours/pay period: 20, 40, 60, or 80.
Percent Time Authorized: 25%, 50%, 75%, or 100%. (To determine percentage, divide the number of hours by 80. For example, 40 hours/pay period divided by 80 = 50%.)
- B3: Mandatory Training (MT) Code:
E = Executive; M = Manager; S = Supervisor; N/A = Not Applicable.

OTHER ACTION – POSITION STATUS CHANGE (CONTINUED)

Part C: Not applicable.

Part D:

Complete appropriately, e.g., 'Position changed to part-time'.

Note: For uncovered position, include applicable exemption, e.g. "Exempt pursuant to A.R.S.§41-771..." (For full citation listing, refer to Page A-18.)

Part E:

Only complete dates if position is temporary/limited and has an expiration date.

Part F:

F1: Work site location of position - city.

F2: Work site location of position - county code. (See listing on Page A-15 of the Appendix.)

Part G:

Complete the funding program(s) and percentage(s) of position.

Part H:

H1: Agency representative marks appropriate box (recommendation).

H2: Agency representative marks appropriate box (funding availability).

H3: For signature of authorized agency representative.

H4: Title of authorized agency representative.

H5: Date of signature of authorized agency representative.

Procedure:

To process, submit the SF-302 and any additional documentation to your AHRMS Office through your agency's chain of command.

AHRMS Office:

Review, staple, and forward entire packet to ADOA Classification/Compensation.

ADOA Class/Comp:

Analyze information. Implement position status change. Distribute forms.

**SAMPLE SF-302 - 5. OTHER ACTION
POSITION STATUS CHANGE**

STATE PERSONNEL DIVISION ARIZONA DEPARTMENT OF ADMINISTRATION CLASSIFICATION ACTION REQUEST I. TO BE COMPLETED BY AGENCY																							
A. Position No. A101011301A1N		Present Class Title Admvy. Assistant I			Class Code 73121		Occupational Category: -		Grade 13														
Agency Name/Contact Name & Phone No. Any Agency, I am contact 2-0000					Div. Code (L 3) 1101010		Section Code (L 4) 110110		Unit Code (L 5) 110111														
B. Nature of Classification Action Requested <input type="checkbox"/> 1. Abolish Vacant Position <input type="checkbox"/> 2. Establish New Position - Attach PDQ and Organization Chart. Pos. Phone #: <input type="checkbox"/> 3. Review Existing Position - Attach PDQ, Explanation of Change, and Organization Chart <input checked="" type="checkbox"/> 4. Do Not Use - For PD Use Only <input checked="" type="checkbox"/> 5. Other Action; such as extension of Limited Position or location change. Specify: Position status change																							
C. Agency Recommendation-Class Title N/A					Class Code		Grade																
D. Reason for Action Requested Position changed to Part-time																							
E. Dates of Position if Type of Position is other than Permanent or Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Limited → From Date: _____ Expiration Date: _____					F. Location: City or Town Code (Required) Phx		County Code (Required) G																
G. Funding Program Funding %: <input checked="" type="checkbox"/> State 100 % <input type="checkbox"/> Federal _____ % <input type="checkbox"/> 90/10 <input type="checkbox"/> Other _____ %																							
H. <input checked="" type="checkbox"/> I DO <input type="checkbox"/> DO NOT recommend this classification action; and <input checked="" type="checkbox"/> I DO <input type="checkbox"/> DO NOT certify that funds are available to finance increased costs for this and the subsequent fiscal year without additional legislative appropriation and that ARS Section 35-174, commonly known as the "Vacancy Savings" law, will not be violated.																							
Signature of Agency Head or Authorized Representative I am Authorized					Title Manager, Admvy. Services			Date 11/1/01															
II. TO BE COMPLETED BY PERSONNEL DIVISION																							
Action Taken by Personnel Division: <input type="checkbox"/> 1. Abolished <input type="checkbox"/> 2. Established <input type="checkbox"/> 3. Reclassed <input type="checkbox"/> 4. No Change <input type="checkbox"/> 5. Other (Specify in Comments) <input type="checkbox"/> 6. Return to Agcy-No Action																							
Position Allocated To (Enter if "Established" or "Reclassified" Checked Above)							New Position Number																
Class Title: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Class Code</td> <td>Occup. Category</td> <td>Grade</td> <td>Status (Circle)</td> <td>1-Vacant 2-Filled</td> <td>3-Inactive 4-Abolished</td> <td>Supv. Code</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>										Class Code	Occup. Category	Grade	Status (Circle)	1-Vacant 2-Filled	3-Inactive 4-Abolished	Supv. Code							
Class Code	Occup. Category	Grade	Status (Circle)	1-Vacant 2-Filled	3-Inactive 4-Abolished	Supv. Code																	
COMMENTS:							AUDIT: <input type="checkbox"/> Telephone (T) On Site (P) Contact & Date of Audit																
Signature of Personnel Division Analyst							Date of Action																
Supvs. Initials and Date							FLSA Status																

POSITION NO.:

CLASS CODE:

FOR PD USE ONLY
 Date In
 Analyst
 Date Out
 PMR
 FLSA Status

SF-302 (Revised 9-91) COPIES: 1. WHITE-AGENCY FILE 2. CANARY-PDQ FILE 3. PINK-OSPB 4. GOLDENROD-JLBC

UPDATE POSITION DESCRIPTION QUESTIONNAIRE (PDQ) ONLY

When a position's duties change, agencies should document the change by completing a PDQ. When the change in duties does not affect the position's current classification, no action is required by ADOA Class/Comp. To keep the official files current, the new PDQ and organization chart should be submitted to your AHRMS office through your agency chain of command to be forwarded to ADOA Class/Comp for filing.

Considerations Regarding PDQ Update Only:

- It is important to keep each position's PDQ up-to-date. (See Page 5.)
- The agency should review the PDQ being submitted as an "Updated Questionnaire Only" to verify that the duty changes remain within the position's current classification.
- If the agency wants ADOA Class/Comp to analyze the PDQ to ensure that the position is properly classified, a SF-302 form should also be completed, and the packet should be processed accordingly. (See Page 16 for full instructions to request a review of an existing position.)

Required Document(s) for PDQ Update Only:

Current Position Description Questionnaire (PDQ).
Current Organization Chart

Procedure for PDQ Update Only:

To process a PDQ Update Only, submit the PDQ, organization chart, and any additional documentation to your AHRMS Office through your agency's chain of command.

AHRMS Office:

Review, staple, and forward packet to ADOA Class/Comp. Ensure the PDQ is marked "Update Description Only" on Page One, Section A.

ADOA Class/Comp:

File the updated PDQ packet.

POSITION DESCRIPTION QUESTIONNAIRE (PDQ) INSTRUCTIONS

PURPOSE AND IMPORTANCE: The Position Description Questionnaire (PDQ) outlines the duties, responsibilities, authority, and other items related to a particular position. Because this form is the basis for many personnel-related actions, it is important that the PDQ be accurate and up-to-date. Because the PDQ filed in the Classification/Compensation Section of the Human Resources Division in the Arizona Department of Administration (ADOA) is the official PDQ for the position, the form should be revised when the job changes significantly. (See form in the Appendix Pages A-8 to A-12.)

BOX # 1 Position Number

If this is an existing position, insert assigned number accordingly. If this is a new position, refer to your internal procedures for assigning position numbers or contact your agency Human Resources Office for assistance. The position number is 10 characters long and is made up of three parts. The first three letters identify an applicable State personnel system code, followed by an agency's code. The next 4 characters are the numeric/alpha code assigned by the agency. The last three letters identify a position's status and the Fair Labor Standard Act (FLSA) designation. (See the Appendix Page A-17 for full explanation of the position number.)

For Example: Position # **AHS1001AAN** indicates it is "**A**", in the State Merit System for Covered Agencies and is position #1001 in "**HS**", the Department of Health Services; it is "**A**", a base position, "**A**", permanent full-time, and is "**N**", FLSA non-exempt.

BOX # 2 Official Classification Title

Insert the official classification title as shown in the Alpha List of Class Titles published by the ADOA Classification/Compensation Section. (Sample in Appendix, Page A-20.)

For Example: Use the official classification title of Personnel Analyst II, not "Staffing Analyst". "Staffing Analyst" is a working title and is not found in the State's official Alpha List of Class Titles.

BOX # 3 Working Title

Insert the position's title that may be easily recognized within an agency, division, section and/or unit.

For Example: Staffing Analyst could be the working title identifying a position in a Human Resource environment performing recruitment, selection, and/or hiring duties.

BOX # 4 Work Hours and Days

Self explanatory. If the position is vacant or being established, write in the proposed working hours.

PDQ INSTRUCTIONS (CONTINUED)

BOX # 5 Division

Insert the division responsible for the funding of this position. Contact your agency representative for assistance.

For Example: The Human Resources (HR) Division

BOX # 6 Section

Insert the section within the division, if applicable.

For Example: The Classification & Compensation (C/C) Section is in the HR Division.

BOX # 7 Work Unit

Insert the work unit within the section, if applicable.

For Example: The Classification Unit is located in the C/C Section.

BOX # 8 Physical Work Location (Street Address) and Phone Number

Self explanatory. This information is important to facilitate the arranging of a desk or telephone audit if further clarification/explanation is needed.

BOX # 9 Supervisor's Name, Official Title, Grade, and Phone Number

Self explanatory. The position's supervisor is considered to be the person who is responsible for assigning/scheduling work, approving annual/sick leave, performance evaluations, recommending disciplinary actions, etc. This information is important for providing a contact person if the position is currently vacant or being established.

BOX # 10 Will this Position Supervise/Manage?

Circle **"Yes"**, if this position will be responsible for direct supervision over state positions /employees and elaborate in Section E. Indicate the number of direct and indirect reports. (The attached organization chart must coincide with this responsibility.)

Circle applicable responsibility, i.e., Supervisor or Manager.

- A supervisor is defined as one with authority to approve sick/annual leave, recommend hiring, dismissal or discipline, assign/schedule work, complete performance evaluations, etc.
- A manager is defined as someone who coordinates; plans; budgets; has programmatic accountability; and formulates policy. Managers normally have a higher degree of autonomy and accountability and a broader scope of responsibility than supervisors. In most instances, they manage a program(s) through subordinate supervisors.

Circle **"No"**, if this position will not supervise OR will supervise people who are not State employees. Supervision of volunteers, contracted staff, patients, inmates, etc., may be described in Section E.

PDQ INSTRUCTIONS (CONTINUED)

Section A. REQUEST TO:

Mark (X or ✓) the action being requested.

Establish New - Creates a new position (covered or uncovered).

Review - Initiates a review of an existing position because of changes in job duties, which may justify a need to reclassify the position to a new level (upward or downward), a new classification series, or to ascertain that the position remains classified correctly.

Uncover - Changes an existing covered position's status from coverage under A.R.S. §41-761 to exemption provisions under A.R.S. §41-771. The A.R.S. §41-771 exemption being utilized must be clearly identified in the justification statement explaining the reason for the exemption request.

NOTE: If this is a filled position, it is important to ensure the employee is made aware of the action to uncover their position and how the change impacts him/her. Incumbent will retain merit system status in its entirety, including retention of current pay and practices. To waive these rights, the incumbent must sign a statement acknowledging an understanding and acceptance of the change in status.

Update Description Only - Updates the description of duties with no material changes.

Other, Specify - Indicate any other action not described above.

Employee-Initiated? Circle "No", if the PDQ is not for an employee-initiated request. Circle "Yes", if the PDQ is for an employee-initiated request. The employee should complete this form carefully and accurately, so the assigned classification/compensation analyst can understand the job and review its classification. The employee should also submit a written position statement on their request for review of the position's current classification.

NOTE: A discussion with your immediate supervisor/manager must be held prior to your submission of this action. Generally, there will be an "Advisory Review" of an employee-initiated request. Agency management determines the final action on an advisory review.

Section B. JUSTIFICATION STATEMENT

1. Type on the form or attach justification for the requested classification action.
2. Self-explanatory. Be sure to include appropriate organization chart(s).

Section C. JOB SUMMARY

Describe why this position exists. This description will be used as the primary basis for determining the appropriate classification and/or compensation level for this position. More detail of the position should be clearly shown throughout this questionnaire in the major responsibilities, authority, and KSAs sections.

For Example: Through subordinate supervisors, manages and directs the agency recruitment and hiring activities for Correctional Officers (CO) and non-CO positions. Responsible for the effective operation and management of the Employment Unit which includes the Recruitment Unit for Selection and Hiring (RUSH).

PDQ INSTRUCTIONS (CONTINUED)

Section D. MAJOR RESPONSIBILITIES

Describe the primary functions, areas, programs, results, processes, etc. for which this position is held accountable. Using action verbs, describe how and why the work is done. Be specific. If Box 10 on page 1 is checked yes, you must elaborate on the supervisory/managerial responsibilities here. (e.g., manages and directs the classification activities for the agency. . . .) List each responsibility separately; do not combine dissimilar responsibilities on one line (e.g., budget preparation and staff supervision are very different functions). The reason for the accountability, unless obvious, must be in the statement. (Work Activities must total 100%.)

For Example:

List primary responsibilities in increments of 5%.		%
1. Conducts the Weekly New Employee Orientation Process to provide employees with an overview of the agency's organization and ensure all appropriate paperwork is completed by each new employee.		10
2. Prepares, coordinates the signatures, and distributes various HR documents to ensure timely and complete documentation of HR actions.		25
3. Provides help and customer service by phone and/or in person to all employees and to external candidates seeking employment.		20
4. Develops and maintains a monitoring system to track all HR activities to provide HR manager with up-to-date status of personnel-related agency and office activities.		15
5. Produces special data reports of activities and regular section reports to keep agency management informed.		15
6. Maintains all HR files to ensure easy accessibility.		10
7. Monitors and maintains a supply of all HR forms and supplies.		5
TOTAL		100%

Section E. AUTHORITY

Describe the independence this position possesses. Describe the kinds of actions and decisions this position is authorized to make without the immediate supervisor's approval. Describe the actions, decisions, documents, etc. requiring clearance from the supervisor.

For Example: Authorized to determine the best methods to direct the classification/compensation activities in accordance with the Arizona Revised Statutes, ADOA Personnel Rules and practices and the ADOA policies and procedures. Recommends changes to policy in keeping with standard HR practices.... Expansion of resources within the section/unit require supervisor's/management clearance.

PDQ INSTRUCTIONS (CONTINUED)

Section F. KNOWLEDGE, SKILLS, & ABILITIES

Part 1. Describe the knowledge, skill, and ability (KSAs) an employee in this position needs to satisfactorily perform the duties of this position. The KSAs described must be directly related to the major responsibilities of this position. Avoid discussions of character or personal qualities. If you were asked to fill your position, what would be needed to do the job?

Definitions:

- Knowledge is described as familiarity with something or possession of information or understanding in the mind.
- Skill is defined as a developed capability to perform tasks or actions effectively. A skill may be developed in a variety of manual, physical, intellectual or interpersonal activities.
- Ability is defined as a natural talent or acquired expertise.

For Example: Requires comprehensive knowledge of Federal Employment Guidelines and Regulations, ADOA Personnel Rules and practices, Arizona Revised Statutes pertaining to agency and personnel, state and national work force trends, manpower planning and recruitment techniques, agency policy and procedures, and creation and presentation of reports and plans. Requires oral and written communication, analytical, interpersonal, listening, organizational, leadership, evaluation, research, and statistical skills. Requires the ability to analyze job requirements and to evaluate applicant qualifications.

Part 2. Describe how the necessary KSAs are normally acquired. Be specific. **Do not** supply your personal background or biographical information in response to this question.

For Example: Courses in personnel management and two years professional personnel work, NOT Bachelor's degree and personnel experience OR "Courses and/or training in real property appraisal", NOT, "Real Estate School" OR "one year's experience assisting a carpenter on residential and/or business construction projects" NOT "construction worker".

Section G. ESSENTIAL JOB FUNCTIONS

Self Explanatory.

SUPERVISOR / AUTHORIZED AGENCY REPRESENTATIVE MUST COMPLETE THIS SECTION. The functions must coincide with the MAJOR RESPONSIBILITIES as described in section "D".

PDQ INSTRUCTIONS (CONTINUED)

For Example:

For each of the following requirements, indicate the frequency which it occurs to this position.

C = continuously (>66%); **F** = frequently (34-66%); **O** = occasionally (10-33%); **R** = rarely (<10%); **N/A** = Not applicable.

PHYSICAL DEMANDS	Frequency	Applicable Work Activities
Balancing	N/A	
Climbing	N/A	
Crawling	N/A	

NON-PHYSICAL DEMANDS	Frequency	Applicable Work Activities
Analysis/Reasoning	O	2, 3, 4
Communication Skills (distinguish from "talking" if additional requirement to simultaneously mentally analyze/or reason and verbally express)	O	1, 3,
Math/Mental Computation	O	5, 6, 7

ENVIRONMENTAL DEMANDS	Frequency	Applicable Work Activities
Work Alone? Yes <u> X </u> No <u> </u> 75% of time	C	ALL

SIGNATURE:

If you have additional information to include about your job, please do so, using additional sheets of paper. Then sign for our records and information, in case we have to contact you to clarify some points. When you have signed, hand the PDQ to your supervisor for completion of Part G, comment, signature, and processing.

NOTE: Except for Part G, Essential Job Functions, this questionnaire should have been completed by the employee working in the position, unless the position is vacant. If it is vacant, the supervisor of the position should complete it. If for any reason this is not possible, a person thoroughly familiar with the position may complete it on behalf of the supervisor. Whatever the case, this signature should be that of the person who did complete this questionnaire.

TO THE SUPERVISOR:

Self explanatory.

TO THE AGENCY DIRECTOR OR THE AUTHORIZED REPRESENTATIVE OF THE AGENCY DIRECTOR:

Self explanatory.

NOTE:

PDQ form must be accompanied by a Classification Action Request form (SF302) and an organization chart supporting PDQ statements regarding organization structure, i.e. supervisory authority, etc.


ORGANIZATION CHART GUIDELINES

An organization chart is a graphic portrayal of the formal hierarchical system of authority / supervision and provides a clear picture of responsibilities / reporting relationships, which exist in an agency / department, division, section, and work unit.

Organization charts are used when reviewing positions to analyze supervisory and reporting relationships, which are crucial in determining:

- The level in a class series of a new position.
- Whether a position meets the criteria for reclassification.
- Whether the requested classification affects other positions.

The organization charts submitted with your Classification Action Requests, Form SF-302, must be updated prior to submittal to the Arizona Department of Administration Human Resources Classification & Compensation Section (ADOA Class/Comp). Accurate and up-to-date organization charts will increase the efficiency and reduce the processing time of your request.

- 1] Generally, organization charts are required for all actions reviewed by ADOA Class/Comp. (Abolishments and funding and locator changes are signed off by your AHRMS Manager.)
- 2] At a minimum, organization charts must be consistent with reporting relationships on the PDQ and contain the following information.
 - Official class title of each position
 - Official class code of each position
 - Official pay grade of each position
 - Position numbers for each position⁷
 - Chain of command
 - Two levels of supervision for the position being reviewed or established.
 - The subordinates of the position being reviewed or established, if applicable.
- 3] Organization Chart Symbols:
 1. A box, , indicates a position in the work unit.
 2. A solid line, _____, indicates direct supervision.
 3. A broken line, -----, indicates indirect supervision.

Sample charts are in the Appendix, Pages A-6 to A-7

⁷ Establishments: If the position number is available to you, add that number to the organization chart. If you are unable to obtain the number for the organization chart, insert "NEW" in the box.

ORGANIZATION CHART DESK AID / CHECK LIST

Each item on this list **MUST** be checked with a **YES** prior to submitting the Classification Action Request packet(s) to your Agency Human Resource Office.

YES

- ☐ 1. Is the "official" class title of **EACH** position indicated on the organization chart?
- ☐ 2. Is the "official" class code of **EACH** position indicated on the organization chart?
- ☐ 3. Is the "official" pay grade of **EACH** position indicated on the organization chart?
- ☐ 4. Is the position number of **EACH** position indicated on the organization chart?
 - ☐ If establishing a new position, you may indicate that position by placing the word "new" inside the affected box
- ☐ 5. Is the chain of command indicated on the organization chart?
 - ☐ Are a minimum of two levels of supervision identified for the position being reviewed or established?
 - ☐ Are the subordinates identified (if applicable) for the position being reviewed or established?
- ☐ 6. Does the organization chart support the PDQ? (Refer to box 10, Page 1 of the PDQ.)
- ☐ 7. Is the organization chart(s) dated?
- ☐ 8. Is the Agency Name and Division identified on the organization chart?
- ☐ 9. Is the affected position(s) **HIGHLIGHTED** on the appropriate organization chart? (This can be done by using thicker lines for the position's box or by using a highlighter or other pen to make it easy to identify the position on the chart.)

REORGANIZATIONS

Proposed reorganizations involving changes to a number of positions generally require the involvement of the Agency Head's office through the human resources and budget offices. Generally, final plan approval rests with the Agency Head.

Successful reorganization requires advance consultation with your agency human resources and budget offices. Also, consulting with the ADOA Class/Comp in the early stages can help the agency identify possible classification issues and aid the analyst in understanding the agency's goals.

Broadly, a proposed reorganization involves the following steps:

- **Establish an Initial Plan of Action:**
 - Draft a proposed organizational chart.
 - Determine where existing employees will fit into the new organization.
 - Determine possible impact on current employees and/or related personnel issues.
 - Determine funding.
- **Modify the Plan:**
 - Resolve and/or propose solutions to resolve all identified issues.
- **Develop a Final Plan for Submission to the Agency Final Approval Authority:**
 - The plan should include:
 - Current and proposed organization charts.
 - A list of proposed classification actions.
 - Potential personnel issues.
 - Budget impact.
- **Submit Paperwork for Processing After Obtaining Approval:**
 - Classification Action Request paperwork will need to be submitted through agency management to ADOA Class/Comp for analysis.⁸
 - No action to move employees may be made prior to final approval by ADOA. The agency human resources office can assist in making any needed interim assignments pending final approval.
- **Implement Changes:**
 - Once classification actions have been approved by ADOA, the agency may begin to implement changes such as announcing new positions, transferring employees, etc.

⁸ When submitting the SF-302 packets to ADOA, please ensure that each position's packet has a copy of any backup memorandum(s) and the current and proposed organization charts that include that position.

RECLASSIFICATION VERSUS ABOLISH/CREATE ACTIONS

When a filled position has changed, it must be determined if the action is a reclassification of an existing position or an abolishment of the existing position and creation of a new position. Under the state merit system, when a position changes quickly or radically, the former position is abolished and a new position is created to allow individuals, including the employee in the abolished position, to "compete" for the new position. Competition is the recruitment and hiring process; the position is announced and those qualifying are interviewed and a selection is made. Discussion with Human Resources should enable you to determine the appropriate action.

RECLASSIFICATION

When changes to a filled position have occurred gradually and logically, the action is a reclassification. Movements within a classification series will be reclassifications when the change is a gradual assumption of additional duties and responsibilities. Movements between classification series are generally not reclassifications unless to a closely related series. In a reclassification, the incumbent remains in the position. If the position is allocated to a higher grade, the incumbent receives a salary increase pursuant to Personnel Rule R2-5-303.D.1. Personnel Rules R2-5-303.D.2 and 3 address the salary of the incumbent whose position is allocated to a lower grade.

ABOLISH/CREATE

Generally, abrupt changes imposed by management such as a reorganization or the deletion or addition of major responsibilities are processed as abolish/create actions. When this occurs, the current position is abolished and a new position is established for the set of duties and responsibilities that make up the new job. Under the merit system, the new position is a new opportunity for advancement and must be opened for recruitment. The current position is abolished. If the employee whose position is being abolished is not hired into the new position, a reduction in force could be required.

Notes:

- Abolishment of the current position is held pending recruitment and hiring into the new position.
- Vacant positions may be reclassified to other class series if agency management determines that the vacant position would be better used in another series.

DETERMINING THE COST OF A CLASSIFICATION ACTION AND EFFECTS OF ACTIONS ON EMPLOYEES

Covered Positions:

Compensation for state service (covered) positions is outlined in the State Personnel Rules Article 3, Classification and Compensation. To determine the cost of a particular classification action and its effect on an incumbent, refer to the appropriate rule.

Filled Positions:

- R2-5-303. Salary Administration
 - A. Salary
 - B. Salary Adjustment
 - C. Administrative Adjustment
 - D. Classification or Pay Grade Changes

Vacant Positions:

- R2-5-303. Salary Administration
 - H. Basic Hiring Rate
 - I. Special Recruitment Rate

With this information, you can calculate the difference between the current salary and the new salary. If either the current or the proposed classification is assigned to one of the salary schedules, such as Special Recruitment Rates (SRR), the rate specified in the specific salary schedule should be used in your calculations.

Uncovered Positions:

The salary of an employee in an uncovered position is determined by the agency within the pay range for the grade of the uncovered position. (Some uncovered positions, such as Physicians and State Government Interns, are assigned to specific salary schedules.)

REQUESTS FOR SECOND-LEVEL REVIEW OF CLASSIFICATION ACTIONS POSITIONS COVERED BY THE STATE MERIT SYSTEM

If the employee or the agency is dissatisfied with the results of a classification action for a covered service (merit system) position, a second-level review may be requested within 30 days after the initial action was received.

This provision is for positions covered by the State Merit System only. Positions uncovered pursuant to ARS §41-771 are exempt from the State Merit System and do not fall under the provisions of the personnel rules.

The following information is required to initiate a second level review of a covered service position:

- 1] A cover memo to the AHRMS Manager explaining areas of disagreement with the initial Classification/Compensation allocation. Any supporting documentation should be attached. Do not change the PDQ, organization chart, or other originally submitted documentation.
- 2] A completed form SF-302 requesting a second-level review.
- 3] A copy of the original classification request package that was submitted to the Classification/ Compensation Section. Specifically:
 - a copy of the Position Description Questionnaire (PDQ)
 - a copy of the organization chart
 - a copy of the SF-302 with the classification allocation
 - any other documentation originally submitted

Any changes to the original request disqualify the position from second-level review. If the documents are modified, then the action must be submitted to ADOA as a new action for that position.

If you have questions about this process, call your Agency Human Resources Office.

CLASSIFICATION OF UNCOVERED POSITIONS

GENERAL

ARS §41-762 defines state service (merit system) positions as, "... all offices and positions of employment in state government except offices and positions exempted by the provisions of this article." State service positions are subject to the provisions of the Department of Administration Personnel Rules and are referred to as *covered* positions.

ARS §41-771 outlines the provisions for *exempting* a position from state (merit system) service. These positions are referred to as *uncovered* or *exempt* positions.

It is important to understand the term "exempt" relative to uncovered service. When used for positions uncovered pursuant to ARS §41-771, "exempt" refers to the position being exempt from the State Merit System or being an "uncovered" position. This is not to be confused with the term "exempt" used in reference to FLSA. Uncovered positions, while exempt from the State Merit System are still under the FLSA. (For more information, refer to "Types of Classification Actions General Guidelines, FLSA Designation", Page 9.)

The agency must clearly note in Section D of SF-302 form and Section B of the PDQ the statutory justification for establishing an uncovered position pursuant to ARS §41-771. This statutory justification is also required to change an established covered position to uncovered status.

EXEMPTIONS

See the copy of ARS §41-771 in the Appendix, Page A-18.

PROCESSING FOR UNCOVERED ACTIONS

ESTABLISH NEW UNCOVERED POSITION: To establish an uncovered position, complete the standard classification paperwork: SF-302, PDQ, organization chart, and justification statement outlining the reasons the position meets the statutory criteria for exemption. The PDQ must agree with and support this information. (See Page 13 for details on completing the SF-302 to establish a new position.)

RECLASSIFY EXISTING COVERED TO UNCOVERED POSITION -- NO CHANGE IN GRADE: Revise the PDQ to reflect any changes, including information to show that the position performs duties that meet the statutory exemption. Complete the SF-302, a current organization chart, and justification statement outlining why the position meets the exemption criteria. (See Page 16 for details on completing the SF-302 to request review of an existing position.)

CLASSIFICATION OF UNCOVERED POSITIONS (CONTINUED)

RECLASSIFY EXISTING COVERED TO UNCOVERED POSITION -- CHANGE IN GRADE:

Revise the PDQ to reflect the changes justifying a reclassification. Also, include information to show that the position performs duties that meet the statutory exemption. Complete the SF-302, a current organization chart, and a justification statement outlining why the position merits reclassification and why it meets the exemption criteria.⁹ (See Page 16 for details on completing the SF-302 to request review of an existing position.)

EFFECT ON INCUMBENT:

An employee in a position that is changed from covered to uncovered status has the option of remaining in covered status while in the position. Employees who wish to accept the uncovered status must submit a letter resigning from their permanent status position. Your AHRMS office can assist with any questions.

SALARY INFORMATION AND PROCESSING SALARY ACTIONS:

The salary for an employee in an uncovered position is established by the agency within the pay grade for the position. Agency management determines any salary change for an uncovered employee.

Filled Position: When a covered employee's position has been reclassified upward and the position is changed from covered to uncovered status:

- If the incumbent chooses to accept the uncovered position, agency management determines the salary for the employee.
- If the incumbent chooses to remain in covered status, that covered employee will receive a salary increase in accordance with Personnel Rule R2-5-303.D.

Your AHRMS office can assist you with required paperwork regarding employees' salary changes.

⁹ Note: If the position is filled, ADOA must additionally determine the appropriate covered allocation, as well as uncover the position.